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SERIAL NO. . FILING DATE MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT IND. DEP. AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. _1 TOTAL IND. TOTAL DEP. _1 _1 _1 _1 TOTAL 2.00 数形式 经验的 经验的

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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